

CA1  
HW 75  
-74 R22

3 1761 11556836 2

First National Conference on Family Planning  
Recommendations





CA1  
HW 75  
-74R22

Recommendations

# First National Conference on Family Planning

February 28 to March 2, 1972  
Ottawa, Ontario



Health  
and Welfare  
Canada

Santé et  
Bien-être social  
Canada





CA1

HW 75

-74R22

**RECOMMENDATIONS  
OF THE  
FIRST NATIONAL CONFERENCE  
ON FAMILY PLANNING**

February 28 to March 2, 1972  
OTTAWA, ONTARIO

{ P-7 }  
///


Canada  
/

Published by authority of  
The Minister of National Health and Welfare

Dept.  
//

FAMILY PLANNING DIVISION  
DEVELOPMENTAL PROGRAMS BRANCH

1974



Digitized by the Internet Archive  
in 2022 with funding from  
University of Toronto

# INTRODUCTION

The First National Conference on Family Planning was convened by the Department of National Health and Welfare to assess progress in the development of family planning services and to consider how public and voluntary organizations could cooperate effectively to improve services.

Attended by 310 delegates, the Conference brought together for the first time, from all parts of Canada, a broad cross-section of people interested in family planning. Included among the participants were legislators, public officials, physicians, nurses, social workers, educators, researchers and consumers.

The agenda covered a wide range of topics related to family planning, with particular reference to information programs, services, teaching and training of service providers, and research. The format combined plenary sessions, where a number of papers were presented; small heterogeneous discussion groups; and somewhat larger, self-selected, special interest groups.

In addressing the Conference, the Minister of National Health and Welfare, the Honourable John Munro, said that he hoped that the deliberations would produce recommendations which could be translated into action. Accordingly, the 15 discussion groups directed some of their attention to the formulation of recommendations. A drafting committee, consisting of three non-governmental conference participants, then summarized in one document the recommendations of all of the discussion groups. The committee report, which includes a preamble of general principles, was revised by the participants at the final plenary session of the Conference and forms the major portion of the contents of this pamphlet. The recommendations of two of the special interest groups have been included, although they were not considered by the entire Conference.

Following the Conference the Department of National Health and Welfare appointed a Task Force to examine the recommendations in terms of their feasibility for implementation. The Task Force comments on federal programs and policies as they apply

to specific recommendations also appear in the pamphlet.

It should be noted that the Conference recommendations and findings represent the views of the majority of the participants and do not necessarily reflect the existing policy of the federal government.

Copies of the recommendations have been sent to the appropriate provincial, territorial and municipal jurisdictions and to many non-governmental agencies and organizations for their information.

Additional copies of this pamphlet may be obtained from the Family Planning Division, Social Allowances and Services Branch, Department of National Health and Welfare, Ottawa, Ontario, K1A 1B5.

The Conference proceedings have been printed separately for distribution to the Conference participants.



# FINDINGS AND RECOMMENDATIONS AS AMENDED AT FINAL PLENARY SESSION

## GENERAL PRINCIPLES

Delegates to the First National Conference on Family Planning, meeting in fifteen discussion groups.

*Recognized and Emphasized That, freedom of choice being understood,*

1. The right of all Canadians to family planning services involves an obligation on the part of individuals and families to determine, responsibly and realistically, the number and spacing of their children; and
2. Informed judgement and action by individuals and families requires not only availability of the full spectrum of birth control information and services, but knowledge and understanding concerning inter alia human growth and development, human sexuality and psycho-social relationships, the privileges and demands of parenthood, and the relationships among population growth and density, production and consumption of resources, and natural and man-made environments; and
3. Family life education and family planning involves responsibilities and opportunities not only for the individual and the family but also for religious institutions and other voluntary and community groups, the educational system, health and welfare agencies and professions, commercial enterprises, the media of communication, and governments at all levels; and
4. Family planning information and services as an essential part of a system of health and social services is a necessary but not a sufficient approach to public family and social policy, (by way of example, family and social policy also includes migration and settlement, housing, taxation, social security, environmental protection, etc.); and
5. Coordination will therefore be essential at all levels in policy development, program planning, and organization and delivery of information and services.

# CONFERENCE RECOMMENDATIONS

---

## Recommendations

1. Family planning policy, programs and services should encompass the full range of birth control methods, sterilization (vasectomy, and tubal ligation), abortion, fertility and genetics, as well as marriage and family (including adoption) counselling, and assessment, diagnostic, referral, and follow-up functions.
  
2. Family planning information and services should be available to any individual in Canada:
  - a) Without economic, geographic or other barriers to access.
  - b) Without reference to age or marital status.
  - c) Without legal liability (apart from negligence) to the provider of the service.
  
3.
  - (a) Family planning services should become an integral component of all community-based health and/or social (personal) services.
  - (b) Appropriate representation should be made to the governmental task force on community health centres, reporting to the federal and provincial cabinet ministers, to include family planning in the functions and services of such centres.
  - (c) The further development of family planning clinics, mobile units, "store-front" services, youth service centres and similar programs, public and voluntary, should be encouraged and assisted to meet the needs of individuals and groups who are unable or unwilling to seek information and/or services in other ways.
  - (d) A family planning clinic or equivalent service should be made a prerequisite for the accreditation of all general hospitals.



# AND TASK FORCE COMMENTS

---

## Comments by Department of National Health and Welfare Task Force

1. Although the federal government does not regard abortion as an acceptable method of primary birth control, it recognizes that, since no contraceptive method now available is completely reliable, and since contraception is often used ineffectively or not at all, unplanned pregnancies are inevitable. Provincial and municipal governments and voluntary agencies providing family planning services may consequently consider that there is a place for post conception fertility control within the limits currently imposed by the Criminal Code, and that their programs should include abortion counselling services.
2. The federal government agrees, with the proviso that, in their own interest, providers of family planning services may wish to take into account the relevant legal age of consent.
3. (a) The federal government agrees.  
  
(b) This recommendation has been forwarded by the Department of National Health and Welfare to the Chairman of the Community Health Centre Project for consideration.  
  
(c) Support for a number of innovative and demonstration family planning projects has been, and is being, provided by the federal government under the Local Initiatives Program and Opportunities for Youth.  
  
(d) The federal government has brought this recommendation to the attention of the Canadian Council on Hospital Accreditation.

4. The federal government should develop, review continuously, and keep the public informed concerning, a national population policy; the policy should take careful account of such variables as fertility and mortality rates, immigration and emigration, and internal migration.
5. (a) Provincial and territorial governments should develop clear family life education and family planning policies, program priorities, and, where relevant, standards, in the relevant areas of information and education, services, research, and teaching and training.  
(b) Through earmarking a percentage of their health and welfare budgets, or in some other identifiable fashion, provincial governments should provide expanded financial and staff support for family life education and family planning services public and voluntary.
6. High priority should be given in all Canadian provinces and territories to the provision of family life education programs, family planning information, and health and social services (including family planning) to relatively "isolated" communities and groups, including, for example, people in remote rural and northern areas, native peoples living in self-contained settlements, and adolescents living away from home.
7. Provincial, territorial and municipal governments should develop as rapidly as possible a network of community health or personal service centres, designed to ensure maximum participation of people from the local community in policy development and program and service planning and evaluation.



4. The Department of National Health and Welfare believes that the first step should be an examination of the need for a national population policy, and that one starting point for such a review would be a national fertility survey as recommended by the special interest group on research.

Examination of the need for, and development of, a national population policy is complex and would involve many government departments and non-governmental agencies, coordinated at the highest political level.

5. (a) The Conference Recommendations have been sent to all provincial ministers of health, welfare and education, and to the territorial governments.

(b) See comment 5 (a) above.

6. The Department of Indian Affairs and Northern Development has a responsibility, which is exercised in cooperation with the Government of the Yukon Territory, for the development of family life education programs for native peoples. Courses in family life education offered by the Department are based on similar courses offered in the respective provincial schools.

This recommendation has been noted by the Department of National Health and Welfare. As well, copies have been forwarded to the Department of the Secretary of State, to provincial and territorial departments of health, welfare and education and to a number of municipal governments and voluntary organizations for their information.

7. See comment on Recommendation 5 (a) above.

8. Provincial, territorial and municipal governments should employ social workers and others in their health units to complement the family planning services provided by health professionals.
9. The proceedings and recommendations of the First National Conference on Family Planning should be on the agenda in the immediate future of meetings of Ministers of Health, Social Welfare and Education, and various government departments, for discussion and coordinated planning and action.
10. (a) Federal funds should be earmarked to encourage and assist conferences or workshops on family planning in the territories, the provinces and the metropolitan centres.  
  
(b) The planning and development of regional conferences or workshops should be a responsibility and an opportunity for interested individuals, groups and organizations in the particular area, especially for those from the areas attending this conference.  
(c) The planners of these conferences should aim for an equal balance in their conference participants between laymen and professionals.
11. Through delegates to this conference, voluntary organizations and other appropriate channels, provincial and/or municipal governments should be pressed to take initiative and responsibility for the establishment of planning and development bodies (where they do not already exist), concerned with family planning and family life education, and involving representatives of health, welfare, and education, voluntary agencies, and consumer groups or others.
12. Recognizing that language, ethnic, religious and similar differences frequently impede the availability of family planning information and services:
  - (a) Indigenous people should be trained and used to provide information, referral when



8. See comment on Recommendation 5 (a) above.

9. See comment on Recommendation 5 (a) above.

10. (a) Assistance towards family planning conferences, seminars and workshops is included in the scope of the Family Planning Grants. During the fiscal year 1972-73 priority will be given to the support of broadly based conferences concerned with provincial or regional needs and priorities in family planning.

(b)

(c) The federal government agrees that these conferences should be broadly based and should include representation from a wide range of citizen groups and from potential users of family planning services.

11.

12.

(a) The Department of National Health and Welfare has already taken positive steps to

requested, and follow-up activity concerning family planning for their particular groups or communities.

- (b) Indigenous people should also be involved in the planning and preparation of family planning information and educational material appropriate to their particular groups or communities.
- (c) Family planning publications, audio-visual and other resource materials should be made available in a variety of forms and languages, understandable to all sections of the population.
- (d) The federal Department of Manpower and Immigration should make available on arrival to new Canadians, in their mother tongue, information on Canadian health and social welfare programs, including family planning services.

13. Since a significant increase in information and education on family life and family planning is clearly required and acceptable, the federal government and provincial and territorial governments should earmark substantial funds for the production of resource materials appropriate to particular provinces, regions or groups, and for their dissemination through the media of communication.

14. Federal consultative services and financial assistance should be continued and expanded for experimental research and demonstration projects in both family life education and family planning services, especially for adolescents and young adults.

15. Federal financial assistance should be assured to foster required expansion of research in all aspects of family planning, for example, research on attitudes toward family planning, on psychological aspects of sterilization and of abortion on



train native health workers to provide public health services in Indian reserves. Within the limits of departmental policy, these services could include family planning counselling.

(b) The Department of National Health and Welfare is currently involving indigenous groups in the preparation of family planning informational and educational materials.

(c) A grant recently made by the Department of National Health and Welfare to the Yellowknife Family Planning Clinic is intended, in part, to support the development of family planning educational material in Eskimo.

(d) Future immigrants are now receiving booklets containing information on health and welfare services in Canada. These pamphlets are given out by the Department of Manpower and Immigration and are available in six languages. The Department is prepared to include information on family planning services in the future editions of booklets or publications of this kind.

13. Funds are earmarked in the operating budget of the Family Planning Division of the Department of National Health and Welfare for resource materials for particular groups. Materials will be developed in consultation with their potential users. With the aid of a federal grant, the Family Planning Federation of Canada is disseminating information about family planning services through newspaper ads and radio announcements.

14. Limited federal consultative services for research and demonstration projects in family life education and family planning services are available. An increase in the number of consultants in the Family Planning Division is planned, and the quality of consultation offered may be expected to improve as experience is gained. Projects of this type are eligible for consideration under the Family Planning Grants.

15. Federal funds for the support of research projects in the areas given as examples are available from a number of sources including the Family Planning Grants, the Medical Research Council, and the Canada Council.

the effectiveness of different methods of birth control and of organization and delivery of family planning services, on the socio-economic determinants and consequences of fertility, mortality and migration in Canada, on the consequences for population size and distribution of existing or projected socio-economic policies and programs.

16. (a) Through separate courses, through the systematic and coordinated introduction of material in established curricula, or through a combination of the two, education in human development, human sexuality and relationships, parenthood, family planning and demography (sometimes encompassed in the term "family life education") should be included in all school curricula from kindergarten through secondary school.  
(b) Parents, students, teachers and specialists from all relevant disciplines and professions should be involved in the planning, delivery and evaluation of family life education programs and content in primary and secondary schools.
17. Governments at all levels should provide encouragement and financial assistance for the planning and development of family life education programs for adults by voluntary organizations, schools, colleges, universities and other appropriate bodies.
18. Federal and provincial encouragement and assistance, financial and otherwise, should be provided to ensure the planning and development of:
  - a) Training programs for specialists in the planning of family life education programs, and in the related education of teachers, social workers, health and other professionals in this area.
  - b) Curriculum, materials and courses in family planning and family life education, in education, social work, health and other university faculties or departments.
19. The federal government should establish a professional training program on birth control for all relevant professions and disciplines, including

16. (a)

(b)

17. See Recommendation 14. The comments concerning the federal government's role in family life programs for schools apply equally to those aimed at adults.

18. The federal government is prepared to provide, free of charge, informational materials on sex education and family planning to any institution requesting them. Limitation of available funds, and jurisdictional considerations, restrict Family Planning Grant support of training programs for specialists in family life education in schools to a few demonstration projects. The support of selected training courses in family planning at various locations falls within the scope of the Family Planning Grants.

19. This recommendation would be feasible and acceptable if it were amended to read "The federal government should promote and support



medicine, social work, nursing, sexology, psychology, etc.

20. The federal government should amend the Food and Drug Act and any other relevant legislation to eliminate restrictions preventing the advertisement of effective birth control devices and family planning pills on the same basis as other (advertised) prescribed drugs or products.
21. The federal government, with the cooperation of the provincial governments and other relevant bodies, should develop a directory of organizations and other resources active in family planning.
22. A representative of Metis Associations and others should be invited to attend all future conferences on family planning, national, provincial, territorial and local.

professional training programs etc.” Funds for support of selected training projects are available under the Family Planning Grants.

20. Existing legislation already places the advertising of birth control devices and oral contraceptives on the same basis as other prescribed drugs or products. Any contraceptive device or product obtainable without prescription can be advertized to the general public. Any device or drug, including oral contraceptives, which can be sold only by prescription cannot be advertized to the general public.
21. The Family Planning Resource Guide, prepared by the Department of National Health and Welfare and available on request, contains much of this information, and will be updated from time to time.
22. The federal government agrees.

# RECOMMENDATIONS OF THE ON DEVELOPMENT OF FAMILY

## Recommendations

1. We recommend that provincial and territorial governments ensure that public hospitals provide family planning services including surgical procedures and counselling in accord with the principles of universality of services and freedom of choice by patients.
2. That this Conference most strongly urges on the governments of the provinces and territories the desirability of establishing inter-departmental family planning committees at an early date; these committees to consist of representatives of all departments involved with the family and to be charged with the responsibility for planning and implementing integrated family planning services appropriate to the province or territory.

Copies of this recommendation should be forwarded to the voluntary family planning associations.

3. We further recommend that these provincial family planning committees be assisted by advisory committees representing interested voluntary citizen groups as well as local health, education and welfare agencies to advise on policies and services.
4. A plan for funding family planning services be developed by the federal government in co-operation with provincial governments to ensure that financial barriers do not prevent the development of provincially and locally coordinated comprehensive family planning services.

\*Not discussed in final plenary session of Conference.



## **SPECIAL INTEREST GROUP**

---

### **PLANNING SERVICES\***

**Comments by  
Department of National Health and Welfare  
Task Force**

1. Provincial and territorial governments have received copies of this recommendation.
  
2. Copies of this recommendation have been sent to Serena Inc. and to member associations of the Family Planning Federation of Canada.
  
- 3.
  
4. Federal-provincial shared cost health programs assure virtually all Canadian residents access on a prepaid basis to family planning procedures for which the services of medical practitioners, and/or hospital care, are medically required. Eight of the ten provinces participating in the federal Hospital Insurance and Diagnostic Services Program and Medical Care Program, and the two northern territories, have so defined the medical requirements for these procedures that they are generally considered medically necessary by their actual provision. The spectrum of family planning services for which federal sharing is available to the provinces is further expanded through the

## RECOMMENDATIONS OF THE ON RESEARCH IN

---

It is recommended that urgent priority be given to the following research areas:

1. A national fertility study, to examine the attitudes and behaviour of Canadians regarding fertility and family planning.
2. Operational research on the provision of family planning information and services is urgently required. Demonstration projects should be undertaken under a wide variety of conditions to examine different approaches to groups of different age, sex, socio-economic level, and ethnic character. These demonstration projects should be concerned with different uses of manpower and methods, evaluate results and measure the relative cost-effectiveness of various approaches.
3. The relationship of family planning to social and health indicators.
4. Ongoing evaluation of family planning activities across Canada is urgently required.

\*Not discussed in final plenary session of Conference.

Canada Assistance Plan which can share in family planning services additional to ones covered by the Medical Care and Hospital Insurance and Diagnostic Services Programs provided to those in need or those who would be in need were such services not available.

Certain proposals are presently being discussed which would provide greater flexibility to the provinces in the use of the federal contribution while tying the federal contribution to changes in the economy. Should this new approach come about, it is conceivable that some of the fallout from the ensuing new methods of health care delivery, for which the federal financial contribution would then be available to the provinces, could favourably affect family planning services within a province.

## **SPECIAL INTEREST GROUP**

---

### **FAMILY PLANNING\***

1. The federal government is examining the need for the aims of, and the means of financing a national fertility study.
2. The federal government agrees, and is prepared to consider support of worthwhile projects within the limits of available funds.
3. The federal government is prepared to support well designed projects of this type.
4. See comments on 3 above.



## CONFERENCE COMMITTEES

---

### INTERDEPARTMENTAL COMMITTEE ON FAMILY PLANNING

#### Co-Chairmen:

Dr. R.B. Splane

Dr. R.W. Tooley

#### Members:

Mrs. C.G. Addy

Mr. C.N. Knight

Dr. G. Brown

Dr. R.H. Lennox

Dr. R.W. Campbell

Mr. P. Lumsden

Miss G. Dunn

Mr. M.E. Palko

Dr. W.H. Frost

Miss M.S. Payne

Mrs. C.R. Heggveit

Mr. E.I. Smit

Mr. L.G. James

Miss C. Swinton

Dr. M. Kelly

### CONFERENCE ADVISORY GROUP

Mr. G. Breault —

Serena Inc., Lachine, P.Q.

Mr. G.W. Cadbury —

Family Planning Federation of Canada, Toronto

Mrs. K. Crowe —

The Vanier Institute of the Family, Ottawa

Mr. B. Daly —

Canadian Catholic Conference, Ottawa

Mr. R. Doyle —

Canadian Community Funds & Councils, Ottawa

Dr. F. Fidler —

Richmond Hill and Thornhill Family Services, Richmond Hill, Ontario

Dr. L. Fortier —

Gynaecologist and Obstetrician, Outremont, P.Q.

\*Mrs. D. Garmscheid —

Winnipeg Council of Self Help Groups, Winnipeg

Dr. R.A.H. Kinch —

Department of Obstetrics and Gynaecology, Montreal General Hospital, Montreal

---

\* — Resigned

Dr. C.J.G. Mackenzie —

Department of Health Care and  
Epidemiology, University of British  
Columbia, Vancouver

\*Dr. S. Mongeau —

Family Planning Centre of Quebec,  
Montreal

Mrs. J. Portigal —

Planned Parenthood of Ottawa, Inc.,  
Ottawa

Dr. T.M. Roulston —

Department of Obstetrics and Gy-  
naecology, University of Manitoba,  
Winnipeg

Miss M.J. Whipple —

Planned Parenthood Clinic, Saint  
John

## CONFERENCE STEERING COMMITTEE

Dr. R.W. Tooley (Chairman)

Mrs. C.G. Addy

Dr. R.H. Lennox

Mr. L.G. James

Mr. M.E. Palko

Mr. C.N. Knight

## COMMITTEE TO DRAFT RECOMMENDATIONS

Dr. G.M. Hougham (Chairman)

School of Social Work, University  
of British Columbia, Vancouver

Dr. F. Fidler

Richmond Hill and Thornhill Fam-  
ily Services, Richmond Hill, On-  
tario

Mrs. E.D. Fulton

Social Planning and Review Council  
of British Columbia, Vancouver

## POST-CONFERENCE TASK FORCE ON RECOMMENDATIONS

Dr. R.W. Tooley (Chairman)

Dr. R.B. Splane

Dr. R.H. Lennox

Mrs. C.G. Addy

Mr. D. Ullis

Mr. C.N. Knight

Information Canada,  
Ottawa  
Contract H1011-P5046  
Northern Miner Press Limited













Oxford  
ESSELITE 10%  
MADE IN U.S.A.